Texas Animal Health Commission

Feral Swine Holding Facility Application

Clear Form

❑ New ❑ Renewal (Previous Permit Number _____)

Facility Information

Name of Applicant	Email	Daytime Phone	Evening Phone

Mailing Address	City, State, ZIP	County

Facility Name	GPS Coordinates (xxx.xxxxx) N W
Physical Address	City, State, ZIP
Directions to Facility	NAIS Premises Identification Number / Inspection Date

To be completed by TAHC Inspector and Applicant during inspection. Facility meets the following criteria:

1.	The facility has swine-proof fencing to prevent swine from escaping and is maintained by the owner/operator as required to prevent the ingress or egress of the feral swine.	❑ Yes ❑ No
2.	Applicant certifies that no domestic swine will be maintained within 200 yards of the facility.	❑ Yes ❑ No
3.	Applicant agrees to NOT commingle feral swine with domestic swine.	❑ Yes ❑ No
4.	Records shall be kept and maintained as required for not less than five years from the date the record was generated and shall be provided to an authorized agent of the commission upon request/inspection.	❑ Yes ❑ No
5.	Applicant agrees to NOT feed any garbage or waste to feral swine.	❑ Yes ❑ No
6.	Dead animals shall be disposed of promptly and in accordance with TAHC requirements.	❑ Yes ❑ No
7.	Feral swine will be moved directly to an approved slaughter facility or to an authorized hunting preserve with proper identification.	❑ Yes ❑ No
8.	A copy of the feral swine regulations has been given to the owner/manager of this facility.	❑ Yes ❑ No
9.	I agree to have my facility information made available to the public on the TAHC website or other lists.	❑ Yes ❑ No
10.	Facility contact information (address, phone, email) is correct and up-to-date.	❑ Yes ❑ No

I understand and agree to meet all feral swine holding facility requirements. I also understand that failure to meet these requirements could result in revocation of this permit.

Applicant Signature _____ Date Signed _____

TAHC USE ONLY

1.	Facility information and inspection criteria are unchanged since last inspection.	❑ Yes ❑ No
2.	Diagram of the surrounding areas and pens is enclosed.	❑ Yes ❑ No
3.	Facility photos are enclosed.	❑ Yes ❑ No
4.	TAHC Representative Recommendation	❑ Approval ❑ Disapproval

TAHC Inspector	Date	TAHC Region Management	Date	TAHC Executive Director	Date

TAHC Form 93-27 (Revised 11/08/2016)

White: Owner **Yellow: Program Records** **Pink: Region Office** **Gold: TAHC Inspector**